

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent
 City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Kent County General HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Chesapeake Rd. N.E.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Grace Norris Clark

3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Flotaker Clark7. Birth date of deceased (mo., day, yr.) Oct. 5 - 18738. AGE: Years 74 Months 6 Days 22 If less than one day9. Birthplace Kent Co. Md.
(Town, county, and state)10. Usual occupation Laundry

11. Industry or business

12. Name Harriam Lane Parsons13. Birthplace Delaware14. Maiden name Beall15. Birthplace Worship Md.16. Informant Mrs. Gloria ParsonsAddress Chesapeake Md.17. Burial Date thereof Apr 29 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Chester CemeteryLocation Chesapeake Md.18. Funeral director B.R. FollowsAddress Still Pond, Md.19. April 27 1948 Frank W. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948 19 48 21 12/15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 1948 to April 25 1948and that I last saw him alive on April 25 1948Immediate cause of death Brainstem ParalysisDURATION 6 daysDue to arteriosclerosis

Due to

Other conditions Cardiac, ArteriosclerosisArteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

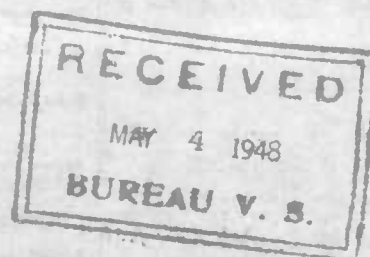
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank W. SmithAddress ChesapeakeDate signed Apr 27 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03955

Reg. Dist. No. 802

1. PLACE OF DEATH:

County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. Queen

(If rural, give LOCATION)

2.(a) If veteran, name war World War I (One)

3. (a) FULL NAME

C. Julian Coleman

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Eleanor Colemanliving

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1898

8. AGE: Years

50

Months

I

Days

28

If less than one day

_____ hrs.

_____ min.

9. Birthplace Chestertown, Maryland

(Town, county, and state)

10. Usual occupation Rural Mail Carrier11. Industry or business U.S. Mail (R.F.D.)12. Name Wm. B. Coleman13. Birthplace Maryland14. Maiden name Annie Erdman15. Birthplace Maryland16. Informant Mrs. Eleanor Coleman (Wife)Address Chestertown, Md.17. Burial Date thereof April 29, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown CemeteryLocation Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. April 28, 1948 Clara L. Barnes

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1948 at 9:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 23 1948 to Apr 26 1948and that I last saw him alive on Apr 26 1948

Immediate cause of death

Myocardial & Coronary

DURATION

2 daysDue to Coronaryof Pericardium & liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. G. Simpson

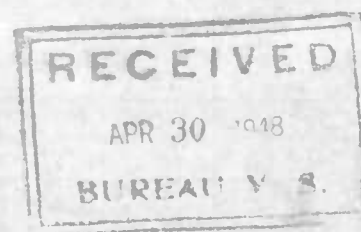
M. D. or other

Address Chestertown Date signed 4-27-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: Heet
 County Chestertown
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)
 State Maryland County Heet
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME John Wesley Dickerson

3.(b) Social Security Number _____

4. Sex Male
 5. Color or race White
 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ann Elizabeth Dickerson
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) Dec 11, 1868

8. AGE: Years 79 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Chestertown Md
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Shoes & Footwear

12. Name Philip Dickerson

13. Birthplace Chestertown Md

14. Maiden name Mary Sheppard

15. Birthplace Chestertown Md

16. Address Chestertown Md

17. Burial Date thereof 4-22-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown

Location Chestertown, Maryland

18. Funeral director J. Willis Steele
 Address Chestertown, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1948 at 5:17 P

21. CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1948 to April 20 1948
 and that I last saw him alive on April 20 1948

Immediate cause of death Cerebral Dystrophy

Due to Ischemia

Due to Ischemia

Other conditions Ischemia

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? None
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury None Injured at work? _____

23. SIGNATURE Paul Thomas M.D. or other _____
 Address Chestertown Md Date April 20

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 24 1948

BUREAU V. S.

03957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County Kent
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Rt 4 Queen Anne General Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Kent Maryland County Queen Anne
City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.

3. (a) FULL NAME

Edward E

Hargest Sr.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Agusta Hargest
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Nov 20 - 1864
8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hrs. _____ min.

8. Birthplace Balt. Md
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas Hargest

13. Birthplace Balt. Md

14. Maiden name Anna Leach

15. Birthplace Balt. Md

16. Informant E. E. Hargest Jr.

Address Chestertown Md

17. Burial Date thereof 4-7-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Graville Hill

Location Baltimore, Md

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. April 6 1948 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1948 at 4:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-15 1948, to 4-4 1948
and that I last saw him alive on 4-4 1948

Immediate cause of death Subarachnoid hemorrhage
Myocarditis

DURATION
5 days
1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. H. Hargest M.D.

Address Chestertown Date signed 4-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 8 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03958 203

1. PLACE OF DEATH

County Kent
 City or town Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death whole life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Rock Hall, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pring Kent.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Elizabeth Crouch Hudson

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Wesley Henry Hudson
 6.(c) If alive, give age 78 years
 7. Birth date of deceased (mo., day, yr.) July 18, 1872
 8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Pring Kent, Kent Co
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business _____

FATHER 12. Name William A. Crouch

13. Birthplace Kent Co Md

MOTHER 14. Maiden name Emma E. Ireland

15. Birthplace Queen Anne Co. Md

16. Informant my grand daughter

Address Rock Hall, Md

17. Burial Date thereof April 23, 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall Md

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. 4/23 19 48 S. Elwood Buggs
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 48 at 7:0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to April 19 19 48

and that I last saw him or alive on April 19 19 48

Immediate cause of death _____ DURATION _____

Due to arteriosclerosis 15 yrs

Due to hemiparesis

Other conditions terminal pneumonia 20 years

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. Lantz M. D. or other _____

Address Chesapeake Date signed Apr 21/48

RECEIVED
APR 29 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Chestertown Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. Green St. 6261
(If rural, give LOCATION)2(a) If veteran, name war ✓

3. (a) FULL NAME

Henry Theodore Jewell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Alberta Smithdeceased B. (c) It alive, give age years7. Birth date of deceased (mo., day, yr.) August. 2. 1890

8. AGE: Years Months Days It less than one day

77 8 2 hrs. min.9. Birthplace Kent Co 3rd
(Town, county, and state)10. Usual occupation Realtor11. Industry or business Salvage12. Name James Lebew Jewell12. Birthplace Kent Co 3rd14. Maiden name Kathryn Casender15. Birthplace Kent Co 3rd16. Informant Mrs Preslon WestAddress Chestertown Md17. Burial Date thereat Apr. 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CheslerLocation Chestertown Maryland18. Funeral director Wm. V. WilliamsAddress Chestertown Maryland19. April 10 19 48 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 48 at 1:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 19 48 to April 8 19 48and that I last saw ✓ alive on April 8 19 48Immediate cause of death Acute Myocarditis

DURATION

6 daysDue to ✓Due to ✓Other conditions Acute Pulmo-InfarctionStroke - Stroke April 2/48
(Include pregnancy within 8 months of death)Major findings of operations ✓Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓Means of injury ✓ Injured at work? ✓23. SIGNATURE Franklin SmithAddress Chestertown Date signed Apr 8 48

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

560 03960
Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 days
 Hospital, institution, or street address where death occurred:
Kent and Queen Anne's Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Lucas

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Roland Lucas

7. Birth date of deceased (mo., day, yr.) February 22, 1919
 6. (c) If alive, give age _____ years

8. AGE: Years 29 Months 2 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Hayden, Queen Anne, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Howard Stant

13. Birthplace Queen Anne County, Maryland

14. Maiden name Eva Kimble

15. Birthplace Hayden, Queen Annes Co., Md.

16. Informant Hospital Records

Address Chestertown, Md.

17. Burial Date thereof 4-28-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill Md

18. Funeral director Elmer L Lane

Address Church Hill Md

19. April 26 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 48 at 12²⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 19 48 to April 26 19 48
 and that I last saw her alive on April 26 19 48

Immediate cause of death Past operative ileus, paralytic DURATION 4 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Bilateral ovarian cysts
 Date of op. 4-19-48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

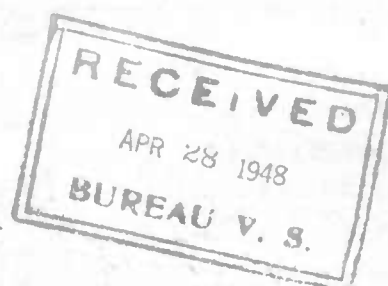
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A.C. Sick, M.D.
 M. D. or other _____

Address Chestertown, Md. Date signed 4-26-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

188

03961

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....Kent
 City or town.....Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Kent

City or town.....Worton
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....Rural
 (If rural, give LOCATION)

2.(a) If veteran, name war.....no

3. (a) FULL NAME

George Daniel Maxwell

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....none

6. (c) If alive, give age.....years

7. Birth date of

deceased (mo., day, yr.) Nov. 16, 1939

8. AGE:

Years

8

Months

4

Days

27

If less than one day

hrs.

min.

9. Birthplace

Tarrytown New York

(Town, county, and state)

10. Usual occupation

student

11. Industry or business

Public school

FATHER

12. Name

Jesse D. Maxwell

13. Birthplace

Indiana

MOTHER

14. Maiden name

Grace B. Blackmore

15. Birthplace

New York

16. Informant

Mrs. Grace B. Maxwell

Address

Worton, Md. R.F.D.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof April 16, 1948

(month) (day) (year)

Cemetery or crematory

St. Paul's Cemetery

Location

near - Chestertown, Md.

18. Funeral director

J. Willis Wells

Address

Chestertown, Md.

19.

April 14, 1948

1948

Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 13, 1948, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

No Medical Attention to 19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....

Accidental (Immediately)

DURATION

Due to.....Fracture at base of skull

riding horse and fell off

Due to.....presumably struck by

horse's foot

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....4/13/48

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

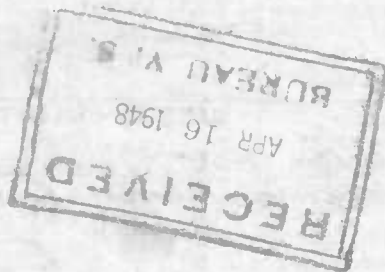
Means of injury.....Injured at work?

23. SIGNATURE.....Frank W. Smith

Acting Deputy Examiner

M. D. or other

Address.....Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03902 701

1. PLACE OF DEATH:

County KentCity or town Betterton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

J. Leonard Price4. Sex male 5. Color or race white 6. (d) Single, married, widowed, or divorced married6. (b) Name of husband or wife Sallie A. Price7. Birth date of deceased (mo., day, yr.) Oct 13 18696. (c) If alive, give age 75 years8. AGE: Years 78 Months 6 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Kent, Md.10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William B. Price13. Birthplace Md.14. Maiden name Martha Watts15. Birthplace Md.16. Informant Mrs Sallie A. PriceAddress Betterton Md.17. Burial Date thereof May 21 1948
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Still PondLocation Still Pond Md.18. Funeral director Edward TaylorAddress Millington Md.19. May 1 19 48 Registrar J. H. Adams

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md. County KentCity or town Betterton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 19 48 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 19 48, to April 29 19 48and that I last saw him alive on April 29 19 48Immediate cause of death Convulsions and Cerebral Hemorrhage

DURATION

1 hour.

Due to _____

Due to _____

Other conditions Hardening Arteries and Prostate Gland

(Include pregnancy within 3 months of death)

7 yrs.

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. P. Atwell

M. D. or other

Address Still Pond Date signed 4/30/48

RECEIVED

MAY 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03963 203

1. PLACE OF DEATH:

County... Keokuk
 City or town... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Keokuk
 City or town... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Boundary Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas L. Rich

3. (b) Social Security Number

4. Sex M. 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Mary C. Rich
 7. Birth date of deceased (mo., day, yr.) Jan 16 1859
 6. (c) If alive, give age _____ years
 8. AGE: Years 89 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne's Co., Md.
(Town, county, and state)10. Usual occupation retired11. Industry or business self.12. Name Thomas J. Rich13. Birthplace Maryland14. Maiden name Bethur Stevens15. Birthplace Maryland16. Informant daughter Mrs Mary ClarkAddress Baltimore17. Burial Date thereof 4/27/1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Rock Hall Md18. Funeral director Edgar L. LaneAddress Church Hill Md19. 4/27 1948 S. Woodhouse
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 4:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1948 to April 24 1948
 and that I last saw him alive on April 23 1948

Immediate cause of death chronic - myocarditis
arteriosclerosis
hypertension
old age
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Robert A. Burge M. D. or other _____
Rock Hall, Md Address _____ Date signed 4/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County CharlesCity or town Frederick - Charles County P.R.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Whole life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura Melvina Stewart

3. (b) Social Security Number

4. Sex

Female

5. Color or race

col

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Franky Stewart

7. Birth date of

deceased (mo., day, yr.)

(unknown) 1858

8. AGE:

Years 90 Months 5 Days If less than one day hrs. min.

9. Birthplace

Charles County Md
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

12. Name

unknown

13. Birthplace

14. Maiden name

unknown

15. Birthplace

16. Informant

Dora Melvina son

Address

Charles County17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

April 18 48
(month) (day) (year)

Cemetery or crematory

Georgetown

Location

Charles County P.R. Md

18. Funeral director

Henry Henry

Address

Charles County19. April 19 48

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Georgetown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Charles County P.R. Md

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1948 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to April 1948and that I last saw him alive on April 1948

Immediate cause of death

Information of Age

Due to

Due to

Other conditions

Chronic Myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Laurel SmithAddress Charles County Date signed April 16/48

M. D. or other

RECEIVED

APR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

03965

1600

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 403 High St
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Linda Lee Townsend

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) April 16, 1948
 8. AGE: Years 1 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Chestertown Kent Co., Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Leonard E. Townsend
 13. Birthplace Kent County, Md.
 14. Maiden name Virginia Mae Merchant
 15. Birthplace Queen Anne's County

16. Informant Leonard E. Townsend
 Address Chestertown Md.

17. Burial Date thereof April 17-1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Chestertown
 Location Chestertown Md.

18. Funeral director Family
 Address 403 High St. Chestertown Md.

19. April 17 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1948 at 4:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-16 1948 to 4-17 1948
 and that I last saw him alive on 4-17 1948

Immediate cause of death Premature birth

Due to Maternal measles

Due to

Other conditions Probable intracranial hemorrhage 1 day
(Because fontanel was distended)
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

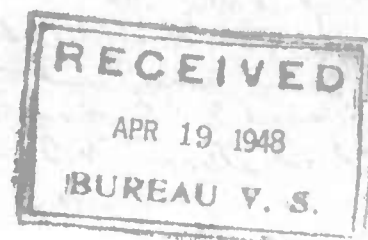
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ruth W. Farr

Address Chestertown Md. Date signed 4/17/48



03966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Charleston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

103 Mill St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Charleston
(If outside city or town limits, write RURAL and give nearest town)

Street No. 103 Mill St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Carrie Virginia Wood

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Theodore H. Wood

7. Birth date of deceased (mo., day, yr.)

August 11, 1877

6. (c) If alive, give age 77 years

8. AGE:

Years

70

Months

9

Days

26

If less than one day

hrs.

min.

9. Birthplace

Baltimore Maryland
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

home

FATHER

12. Name

Perkins

13. Birthplace

Baltimore Maryland

MOTHER

14. Maiden name

Mary J. Carroll

15. Birthplace

Baltimore Maryland

16. Informant

Mr. Theodore H. Wood

Address

Charleston, Maryland

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

April 8, 1948
(month) (day) (year)

Cemetery or crematory

Charleston

Location

Charleston, Maryland

18. Funeral director

Marvin V. Williams

Address

Charleston, Maryland

19.

(Date rec'd by registrar)

April 7, 1948

Clara L. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 19 48, at 7:57 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 4 19 48 to Apr 6 19 48

and that I last saw him alive on Apr 6 19 48

Immediate cause of death convulsion

DURATION

1 hr

Due to Diabetic Melitus

18 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. G. Simpson

M. D. or other

Address

Charleston

Date signed

4 7 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1948

BUREAU V. S.